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REDUCTION OF ILLICIT DEMAND FOR DRUGS

Basic principles of demand reduction

Note by the Secretariat

Summary

Greater emphasis has been placed upon demand reduction in recent years because of the principle that prevention is better than cure. Demand reduction has three aspects: primary, which is concerned with persuading people not to start using and abusing drugs; secondary, where the aim is to help drug abusers to abandon the habit; and tertiary, where an attempt is made to reduce and minimize the risks and harm posed to society by illicit drug abuse. Demand reduction strategies also have three aspects: integration, where agencies involved in programmes not only work together, but also integrate with related programmes, particularly those promoting a healthy lifestyle; targeting, where the best available techniques are used to reach groups who will benefit most from a demand reduction programme; and evaluation, which is designed to measure the success or failure of a programme. Defining the extent and nature of illicit drug abuse is difficult because of cultural diversity and because different countries adopt different practices in controlling it. Moreover, the drug-abusing population is "hidden" and statistically difficult to measure, while the chronically relapsing nature of drug abuse makes success difficult. Similarly, successful demand reduction activities are not always transferable. However, the principles behind them are universal. These involve education, the use of public information and mass media and the provision of a variety of services for drug abusers that will encourage them to come forward for counselling and treatment. These must be supported by long-term training and good management, building on existing organizations and structures, including non-governmental organizations, local authorities and the private sector. Government should take the lead in encouraging joint planning and developing supportive networks that will also promote social mobilization and community participation. The views of the Commission on Narcotic Drugs are sought on how to address the issues involved and how to reconcile the various policy options adopted by different Member States on demand reduction.

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INTRODUCTION

1. At the thirty-seventh session of the Commission on Narcotic Drugs, during consideration of the provisional agenda for the thirty-eighth session, many representatives referred to the need to emphasize the question of demand reduction. There was a clear consensus that while not abandoning the fight against the supply of illicit drugs and their trafficking, it is necessary to address more vigorously the problem of reducing the demand for drugs, and therefore to understand better the underlying reasons why people abuse drugs. The Secretariat was specifically requested to prepare three related papers, one of which was to be on the basic principles and strategies of demand reduction. The present note is a response to that request.

2. The Commission noted that the conventions relating to the control of narcotic drugs and psychotropic substances, namely the Single Convention on Narcotic Drugs of 1961,¹ that Convention as amended by the 1972 Protocol,² the Convention on Psychotropic Substances of 1971³ and the United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances of 1988,⁴ were particularly concerned with supply reduction, giving less attention to demand reduction. Nevertheless, article 38 of the 1961 Convention as amended by the 1972 Protocol, which is virtually identical to article 20 of the 1971 Convention, provides as follows:

"1. The Parties shall give special attention to and take all practicable measures for the prevention of abuse of drugs and for early identification, treatment, education, after-care, rehabilitation and social reintegration of the persons involved and shall coordinate their efforts to these ends.

2. The Parties shall as far as possible promote the training of personnel in the treatment, after-care, rehabilitation and social reintegration of abusers of drugs.

3. The Parties shall take all practicable measures to assist persons whose work so requires to gain an understanding of the problems of abuse of drugs and of its prevention, and shall also promote such understanding among the general public if there is a risk that abuse of drugs will become widespread."

3. Subsequently, the Comprehensive Multidisciplinary Outline of Future Activities in Drug Abuse Control⁵ of 1987 set out 14 targets in the field of demand reduction and the types of activities needed to achieve them at the national, regional and international levels. The General Assembly, the Economic and Social Council and the Commission have all adopted resolutions endorsing the Comprehensive Multidisciplinary Outline and emphasizing the need to pay increasing attention to demand reduction activities.

I. UNDERLYING CONSIDERATIONS

4. The main principle underlying demand reduction activities is that prevention is better than cure. However, the reality of today's world is that drug abuse occurs in most societies in various forms and to varying extents. Strategies therefore need to be adopted to address the problem in all its forms, from experimental abuse to dependent abuse. Using the medical model allows prevention to be seen in three aspects, namely primary, secondary and tertiary prevention.

5. Primary prevention is the prevention of any illicit taking of a controlled substance, and this is the acknowledged ideal that should be pursued. It is achieved through efforts to control the illicit supply

and by educating potential abusers about the risks and likely problems associated with illicit drug abuse, and especially the dangers of intravenous drug abuse.

6. Secondary prevention aims at helping people who are abusing illicit drugs to stop doing so. That may be achieved in a wide variety of ways, including the provision of pamphlets on how to cope with detoxification in private, drug-free counselling and a range of treatment regimes, followed in some cases by rehabilitation programmes.

7. Tertiary prevention is concerned with limiting or minimizing some of the worst effects of disease, or in the present case, harmful behaviour. The aim may be to limit both the extent of physical illnesses and criminal behaviour, by providing information and education, substitute drugs, care and counselling, syringes or bleach. Just as with the legal drug, nicotine, it has been accepted for many years that smoking low-tar cigarettes is preferable to high-tar cigarettes, but that the ultimate goal is not to smoke cigarettes at all.

8. In examining the scope of demand reduction it must be remembered that the subject concerns not only the individual drug abuser or potential abuser, but also the people upon whom illicit drug abuse has an impact, such as the family of the drug abuser or the community in which he or she lives. Although concern is focused on individuals, the focus is within specific sociocultural and economic contexts. People are social beings and cannot be seen as separate individuals divorced from their sociocultural milieu.

9. Most of the principles underlying demand reduction activities are derived from the conceptualization of the nature of the behaviour as essentially either criminal or sick. Is the drug abuser to be punished or helped? Worldwide, the perception of the drug abuser, and therefore the delineation of what should be the appropriate response, varies enormously. In some societies the issue is seen in terms of a dichotomy between punishment and treatment, in others it is not, so that an abuser can be both punished and treated. Nevertheless, there appears to be an increasing trend towards viewing the abuser, particularly the dependent abuser, as someone who is sick and in need of help, rather than as a criminal who should be punished.

10. Many of the principles underpinning the methodologies for the design and implementation of activities in the field of demand reduction derive from research and experience in other fields. Mass media campaigns derive benefit from research done by the advertising industry, education programmes from the fundamental research in the social sciences as applied to education, treatment regimes from the experience of treating other dependency problems, reintegration of the ex-abuser back into society from other programmes dealing with those who engaged in a different form of stigmatized behaviour, such as certain criminal activities.

11. The concepts of demand for and supply of illicit drugs are taken from economics, and just as they are interrelated in that field, so they are in the field of drug abuse, not only economically but also geographically and socially. The distinction between demand reduction and supply reduction is that demand reduction activities are concerned with the drug abusers or potential abusers, while the latter concentrates on stopping illicit production and trafficking. The interrelationship between the two can be seen when producers begin to consume part of their own illicit production, when traffickers pay for cooperation with illicit drugs along the supply route, and when the end users, the drug abusers, sell illicit drugs to pay for and obtain their own supply. Thus, supply may help create and augment demand, and demand sucks in a supply of illegal drugs.

12. Whereas illicit trafficking can be seen as a threat to more than the producer and trafficking countries, demand reduction is often characterized as a uniquely national problem, to be dealt with using national responses. However, while in previous times that may have been so, the globalization of the illicit drug abuse and trafficking problem has meant that responses must take on more of an international, rather than national, perspective. That must be done for several reasons.

13. First, the distinction between supplier countries and consumer countries is becoming increasingly blurred. Therefore, to give attention to only one side of the equation in a country while ignoring the other seems unsound.

14. Secondly, using the economics analogy again, once a market has been established, it is no longer the case that the supply creates the demand; additionally, demand sucks in the supply. The illicit drug market becomes both supply-driven and demand-driven. So far, in spite of valiant efforts and hundreds of millions of dollars spent mainly, it must be admitted, on one side of the equation, both total acreage under illicit cultivation and tonnage of illicit drugs produced have grown.

15. Thirdly, many countries do not have the staff, knowledge, training, infrastructure or resources to cope with a newly developed or worsening drug abuse situation. Heroin and cocaine production and consumption are still rising, and the production and abuse of stimulants has rapidly increased. Not only direct financial assistance, but help in the form of expertise and training, which may have been developed in one part of the world, can often be utilized by people trying to combat similar problems in other regions, with the appropriate adaptation to the specific context.

II. STRATEGIES

16. While there is a vast array of different types and styles of demand reduction programmes, there appear to be three basic principles which are fundamental to effective programmes, namely integration, targeting and evaluation.

17. The concept of integration itself can be seen to have the following four distinct dimensions: the integration of different types of drug demand reduction programmes, whether education, community activities, treatment or rehabilitation, with each other; the integration of issues relating to illicit drug abuse with other drugs of abuse, such as alcohol and tobacco, and with other general health issues; the integration of demand reduction and supply reduction programmes as part of a comprehensive strategy; and the integration of drug-abuse-related programmes with those dealing with major social issues such as poverty, housing, unemployment or rural development.

18. Targeting refers to designing an intervention programme with specific objectives for a specific population based upon an informed knowledge of the nature of the problem.

19. Evaluation means not only assessing the extent to which a programme has achieved its goals, (and can thus be expanded or replicated), but involves monitoring the progress and implementation of a programme so that it can be modified to adapt to unforeseen circumstances or needs, thus ensuring maximum effectiveness.

A. Integration

20. Both research and practical experience indicates that successful demand reduction programmes should be both integrated and comprehensive. Where programmes do not already exist, this can be done

as a first step by planning an overall strategy such as the drug abuse master plans promoted by the United Nations International Drug Control Programme (UNDCP), or through urban renewal programmes. Where there are ongoing programmes, the integration might take place after programmes have already been established, but that may be more difficult to achieve.

21. As stated above, programmes can be integrated in four different ways. First, they can be integrated as part of an overall strategy for dealing with illicit drug abuse, so that primary prevention, secondary and tertiary prevention programmes reinforce each other. Individual activities or programmes therefore become part of a more wide-ranging programme that is concerned with all stages of drug abuse, from preventing first use to preventing relapse.

22. Experience in many countries suggests that all aspects and types of demand reduction activity must be tackled simultaneously, and that to concentrate on only one stage or one type of activity will inevitably lead to a worsening situation. For example, concentrating all resources into preventing people from becoming illicit drug abusers while ignoring the pool of existing drug abusers will lead to an actual increase in the number of drug abusers. This arises because however successful the prevention efforts are, they can never be 100 per cent successful. There will always be a small number of people to increase the number of drug abusers, partly because there will be a supply of drugs fuelled by demand from current users. Similarly, if there is a concentration of efforts only upon the illicit drug abuser, particularly when the problem is well established, then there will be a constant addition of new abusers to those in need of help, treatment and rehabilitation. Thus a full range of demand reduction activities should be undertaken in the development of any comprehensive programme, but the balance and mix of those programmes will depend upon the nature of the problem in each country.

23. Just as the relationship between demand reduction and supply reduction is now more often conceived of as a complex interrelationship rather than a dichotomy, so previous distinctions between prevention, treatment and rehabilitation have blended into a continuum of demand reduction activities. In the past, distinctions between the various endeavours were rooted in professional definitions of areas of competence. Now the contributions of the different disciplines and areas of expertise provide multifaceted, mutually supportive programmes, ranging from the prevention of first use and of regular use to the prevention of relapse.

24. Secondly, demand reduction programmes can be, and ideally should be, integrated with other programmes addressing similar issues such as alcohol and tobacco use and the misuse of prescription medicines and of over-the-counter sales of medicaments. It has been found that drug education programmes are more effective when embedded in broader healthy lifestyle programmes, and that workplace programmes are often best approached through problems associated with psychoactive substances that can be locally obtained on a legal basis, such as alcohol, tobacco, volatile solvents or khat.

25. Although in all countries distinctions are made between psychoactive substances that can be consumed on a legal basis and those which can be only on a restricted basis or not at all, the distinctions are not universal. Alcohol falls into all three categories in different countries. Cannabis abuse might be culturally tolerated in one country but not in another, and whereas khat is not under international control, in some countries it is legally consumed and in others it cannot be. Likewise, the abuse of solvents presents many problems because the supply of most of them is impossible to control, but their abuse by young people is a very dangerous and widespread activity. Additionally, many legally obtained substances, particularly alcohol, tobacco and volatile solvents, are seen by some as "gateway drugs", that is, substances that will lead to the abuse of illicit drugs. To concentrate only on the illegal

drugs does not put into context the use or abuse of psychoactive substances that are taken to alter the consciousness of individuals.

26. Thirdly, demand reduction programmes ought to be integrated into a comprehensive programme to tackle drug abuse, where supply reduction and demand reduction are seen as part of a general strategy, and where there is an interaction between all the participants. Understanding the role of the different professionals engaged in trying to reduce drug abuse makes strategies more likely to be cohesive and comprehensive, and therefore more effective.

27. Fourthly, the integration of drug abuse programmes should take place in a broader context. They should not be isolated but embedded in other relevant programmes directed towards the same target audience. Drug abuse programmes ought, ideally, to be part of welfare, housing or other support programmes. Where drug abuse seems to be related to other social problems, efforts to reduce drug abuse are more effective if combined with attempts to address the associated causes. The form that such integration takes can be either that of integrating existing drug abuse programmes with those dealing with broader social problems, or by persuading those agencies or organizations dealing with other social and economic problems to incorporate drug abuse issues into their own agenda.

B. Targeting

28. The overwhelming priority for the introduction of successful demand reduction programmes is to understand the nature of the problem. By that is meant what illicit drug is being abused (exactly which drug or combination of drugs), by which people (age, sex, social class, ethnic origin or subculture), where (school, home, in the street, with friends or alone), and by what means (sniffing, smoking or injection). Does the problem involve heroin, amphetamine or solvent abuse? Are the drugs eaten, sniffed, smoked or injected? Why are they being taken and what are the fundamental causes and immediate reasons: for lorry drivers to stay awake on long journeys; as self-medication; for recreation; because it is culturally acceptable; or because with no home, income or little to eat, taking drugs seems to ease a miserable plight?

29. The emphasis given to the need for information within a demand reduction strategy is predicated on the need to deliver the appropriate service to the right target group. This means properly identifying target groups as those people in need of a service, tailoring that service to their needs, and designing and implementing it in such a way that it does in fact reach them.

30. It is not possible nor even necessary to know the exact size of the drug abuse problem in order to provide effective programmes. It is, however, possible to know the approximate scale of the problem within certain limits and with certain reservations, but these will change according to conditions and circumstances in each country. The provision of services themselves, if properly targeted, will indicate the scale of the problem. If services are overused, they can be expanded to meet the unanticipated demand.

31. There are no demand reduction programmes that can simply be exported in their entirety from one country to another. Each must be adapted to the needs and cultural context in which it is to be implemented. In many countries in Africa, intravenous drug abuse is not a problem. It could be envisaged that an inappropriate mass media campaign on the dangers of this practice might actually encourage it, while in some countries in Asia, such a campaign would be apposite. The very extensive research in the advertising industry bears greatest witness to this cardinal principle.

32. However, to make sure that the targeting remains appropriate, it is necessary to gauge the trends in drug abuse, to monitor the changing patterns as far as practically possible, and to adapt programmes accordingly. Programmes that remain inflexible in a changing situation will rapidly become ineffective. The nature of the drug abuse problem may change; for example, there may be new forms of abuse of drugs not previously available in a country, such as methylenedioxymethamphetamine (MDMA), crack cocaine or heroin, or there may be a change in the method of taking the drugs, such as from smoking to injection.

C. Programme design, implementation and evaluation

33. The relationship between the design of a programme and its implementation is a matter of matching the need for a programme with the resources to carry it out and the expertise to do so. The evaluation of programmes means not just looking at its outcome and impact, but at the way in which the programme was designed and implemented. The evaluation of both the process of implementation of an intervention and the outcome of that intervention is vital in determining not only the effectiveness of any activities, but also in determining the effectiveness of how those activities have been carried out. Additionally, an evaluation can also be undertaken to establish how well certain programmes articulate the policy objectives of organizations or Governments.

34. Evaluating the process of implementation enables the programme to look at itself as it is evolving and to identify problems at an early stage and to put things right. Evaluations are not only useful from a troubleshooting point of view, establishing where things began to go wrong, but are an important source of documentation on what went right and why it did so. These process evaluations are of enormous benefit to other people as well as to the programme being evaluated. Evaluations, when written up and distributed, can provide information for other people engaged in the implementation of similar programmes, so as to learn from good practice and avoid pitfalls.

35. Outcome evaluations are concerned with the impact of a programme or intervention on the clients or participants. This involves identifying beforehand what outcome measures can be used as indicators of success, and measuring the effects of the intervention. That can only be done in relation to what is trying to be achieved, that is, to the goals of the individual programme. In order to measure success, indicators have to be defined or created, and their reliability and validity verified. Thus, at a minimum, a measure that can be applied before and after intervention needs to be established.

36. In the field of demand reduction, there is a very wide variety of outcome measures used, and very different positions taken upon what really constitutes success, particularly with respect to treatment programmes. With programmes in the same general field having different objectives, no universal set of indicators can be established. The important principle is to establish the objectives of each individual programme and to make it clear what criteria of success will be used and also what would constitute failure.

37. It is also very important to ensure that the objectives of a programme are both realistic and within a measurable time period. While the ultimate goal of all demand reduction programmes is for individuals to be drug-free, this may not be an achievable immediate objective. Therefore subsidiary objectives, or even a hierarchy of objectives, will need to be determined. For example, young people may still experiment with illicit drugs, but after a number of years of education programmes a smaller percentage of the school population may be doing so, or young people will begin to experiment at a later age (where evidence suggests that they are less likely to become dependent abusers).

38. Setting a realistic time scale over which results may be expected is also a basic principle of evaluation. When the ultimate objectives are very long-term, as with school drug prevention programmes where behaviour as a young adult is seen as the result of primary and secondary school education programmes, evaluation must also be seen as a long-term activity. Short-term indicators can be used, such as an increase in knowledge about the dangers of drug abuse, but behavioural change is essentially a long-term objective.

39. Drug treatment programmes have particular problems in establishing objectives subsidiary to that of being drug-free, because there is no one internationally or even nationally agreed definition of what constitutes success, and particularly over what period of time.

40. Different treatment programmes have used many different criteria for success. Therefore, a reasonable and realistic definition, or preferably several definitions with sets of criteria, need to be established. Some programmes simply define success as completing the programme. The programme may vary from a one-week detoxification course to 18 months in a therapeutic community, and the amount of time spent drug-free when a person has completed the programme is sometimes not taken into account. Thus, whether someone has completed the prescribed programme of treatment becomes the sole criterion of success. If clients relapse the day after leaving the treatment programme, they are still counted as being successfully treated.

41. Alternatively, success may be measured by the length of drug-free time after treatment. The time set is arbitrary, and can vary from three months to one, two or three years, or even a lifetime. The problem in measuring success is that of follow-up. Trying to find people after even one year is difficult. Unless there is a follow-up and rehabilitation programme attached to the treatment programme, it is a virtually impossible task. Where follow-up exists as an adjunct to treatment it can be said to be part of the whole programme, and itself contributes towards the effectiveness of a programme.

42. It is also very important to monitor the programme through process evaluation, and to feed the results into the outcome evaluation, so as to record the unintended or unanticipated consequences of a particular programme. These may be positive as well as negative, such as the development of a community network or parents support group as an outcome of an advice service, or the development of a subculture of drug abusers sharing and dealing in drugs as a result of the same type of activity.

43. Many programmes also evolve over time, and the objectives might need to be amended and the monitoring adjusted. Those changes should themselves be recorded rather than using the need for evaluation as a straightjacket within which to restrain programme development. Flexibility in a programme, in the light of knowledge and experience, must be the watchword if service to the drug abuser takes precedence over the need for a controlled experiment.

44. Evaluating the impact of demand reduction programmes is the most difficult of tasks. It is difficult not only from a resource point of view, because it is usually expensive, but also conceptually. Impact evaluation tries to assess the effect of a number of different interventions on the whole drug abuse situation. The question that has to be resolved is whether any change in the situation can be directly or indirectly attributed to the interventions. Has the situation improved, or if not, can it be established that it would have been worse had it not been for the intervention? In the cases of alcohol and tobacco, changes in consumption patterns, particularly the volume of consumption, are clearly marked when there are price changes. However, not even that trend is uniform. For example, in most western countries, despite rises in taxes on tobacco and the changes in attitudes towards smoking, a marked decrease in adult consumption has been matched by a rise in consumption among young females.

45. Therefore, in the case of illicit drugs, any changes are always especially difficult to attribute to the interventions, and to only particular interventions. The percentage of the total population abusing drugs at any one time is usually very low in most countries, often below 1 per cent for heroin and perhaps 5 per cent for cannabis. Also, when an activity is illegal, the risk of being caught, or rather the perception of the risk, is one of the most powerful deterrents for those who do not view criminal activities as a way of life with given acceptable risks.

46. Further, any intervention which aims at changing attitudes and behaviour requires a long time and multiple types of interventions. Again, the case of tobacco serves as an example. The clear statistical relationship between smoking and lung cancer was established in the early 1950s. Efforts by Governments to reduce tobacco consumption met with little success, and it was not until the late 1980s that significant reductions in the consumption levels were achieved. That is why multiple interventions are recommended rather than one-off isolated activities.

47. Another type of evaluation is not one which is undertaken at the individual programme level nor at the impact level, but at a very broad policy and implementation level. It seeks to answer the question whether the broad policy of the Government or organization has been translated into practice. Have the wishes of the policy makers been translated into effective programmes? This begs again the question of what is effective, and might lead to expectations of immediate success for activities which inevitably can only be effective over the long term. In the short term, it may be possible to measure the practical outcome of some activities, but not to provide hard indicators of success.

48. Hence, there is an inherent tension between the needs of programme managers and funders to show the effectiveness of any particular intervention, and the essentially long-term nature of the effectiveness of any intervention. Any attempt to change behaviour is a long-term course of action, because not only knowledge must change, but also attitudes and beliefs. It is known that attitudes can be much more easily changed in the direction to which they are already attuned. To change attitudes in the opposite direction is the most difficult of all endeavours. Short-term evaluations, at worst, could lead to the premature assessment that a particular programme does not work; at best, it might result in taking only implementation criteria as measures of success. In principle, only long-term evaluation criteria should be used; in practice, it is usually only short-term ones that are. It is therefore important to understand them for what they are, that is, evaluations of service delivery rather than behavioural change.

III. TECHNIQUES OF ASSESSMENT OF THE NATURE, EXTENT AND PATTERNS OF DRUG ABUSE

49. Estimating the size and nature of drug abuse problems is a complex activity that requires different approaches. Drug abusers are a "hidden population" who are not readily accessible, and who do not always come to the attention of official agencies. However, as there is a continuing need for information in order to plan and implement appropriate responses, attempts can be made to estimate the nature and extent of the problem, but the reservations and limitations of the data collection methods must be borne in mind when it comes to interpretation.

50. There is a need for both qualitative and quantitative data, and also a need to see both types of data as part of a continuum, not in opposition to each other, but complementary. Data collection is qualified by two particular problems, one being the various legal, social and cultural definitions of what constitutes a drug abuse problem, the other the elusive nature of the problem. The first problem at a national level can be overcome by clearly stating the definition being used in any particular study. The

second problem is more difficult, and often has to be overcome by using indirect rather than direct indicators.

51. The definition of what constitutes a drug abuse problem or an abuser, while clear from an international legal perspective, is not so evident from a health perspective, and might differ between countries as a result of differing attitudinal and cultural perspectives. The international drug control conventions do not define drug abuse *per se*, but phrases such as the following appear in the texts of those conventions: "addiction to narcotic drugs"; "the misuse of, and illicit traffic in"; "the abuse of narcotic drugs and psychotropic substances"; "to use narcotic drugs or psychotropic drugs illicitly"; and "to combat the spread of the illicit use of drugs". A difficulty arises because such terms take no account of the frequency of the behaviour, whether once in a lifetime or every day. In documents of other United Nations bodies the terms "addiction" or "abuse" are no longer used, the preferred terms being "dependence" or "harmful use". Hence, there is a need to clarify definitions of drug abuse and to clearly define, in the light of modern-day usage, what is meant by particular terms.

52. The issue is not just one of semantics, but of how the number and type of drug abusers is recorded. There is a danger that many countries might distinguish between habitual, dependent abuse and infrequent abuse, only recording the former and not the latter. The issue becomes important when comparisons are made and trends predicted. Endemic and widespread culturally accepted abuse of certain drugs, although under international control, might not be viewed by a particular country as a problem. Examples here might include the chewing of the coca leaf or smoking of cannabis or even opium in some cultural settings. However, in a country, with no cultural support or cultural control over the consumption of the same drug, such patterns of abuse might be seen as a serious problem.

53. Obviously, since by definition illicit drug abuse is an illegal activity, assessing the extent of illegal activity which has no direct victim* is rather hazardous, just as it is in any other sphere of criminological statistics. In countries where the penalties for drug abuse and possession of illicit drugs are harsh, drug abusers have every incentive to keep their activities secret. Therefore, where a policy of punishment and incarceration is pursued in preference to one of treatment and rehabilitation, one consequence is likely to be that the identification of the type, nature and extent of drug abuse is very difficult. Studies also indicate that even where drug abusers believe that information about their drug abuse is given in confidence, because the behaviour is so stigmatized, they are unlikely to tell the truth to a stranger.

54. Nevertheless, many techniques have been developed to assess these "hidden populations", and the best estimates are achieved by using several in combination. They also have the additional advantage that they are quick to use. Time is of the essence when tackling rapidly unfolding drug abuse situations. Conventional social science research, apart from inherent methodological problems, is costly and takes a long time from conceptualization to final results.

55. The most efficient way to understand quickly the nature of the drug abuse problem is to use the figures that have already been collected for other purposes, and to supplement them with the knowledge

*There is a well-established concept in criminology called "victimless crimes". These categories of crime really relate to the problem of recording the extensiveness of certain behaviours where there is no obvious victim to be discovered. They offer a contrast, for example, to the case of murder, where a body is usually discovered, or where there is a victim to report that an offence has occurred, as in the case of theft. Where the victim is a willing partner to the crime, as in the buying of any illegal services that the "victim" desires, then the victim will not report the crime.

of people who have contact with drug abusers as well as with information gained directly from the drug abusers themselves.

56. Many countries have data on what are called indirect indicators. These indicators may be the number or quantity of seizures, arrest figures for drug offences, an increase in the amount of specific types of crime such as shoplifting, the number of callers to an anonymous hotline, the number of people seeking treatment or the number of deaths resulting from drug abuse.

57. Focus groups of key informants are a very useful tool for discovering the nature of the local drug abuse situation. In any country there is likely to be a wide variation in the nature of the problem, whether the differences are rural as opposed to urban or highland versus lowland. Local situational analyses are necessary, and are aided by tapping into the knowledge that already exists and bringing it together. Thus, local police officers, customs officers, school teachers, religious leaders or social workers will all have some knowledge of different aspects of the drug abuse problem.

58. Direct observation and direct data collection from actual drug abusers or ex-abusers is a very valuable supplement to the above-mentioned data. Whether the abusers are found on the street, in treatment centres or in prison, they are one of the most useful sources of information as to the nature of the situation.

59. Additionally, when examining the situation, it is necessary to undertake a simultaneous resource assessment, that is, an assessment of what kinds of response it is possible to make, given the nature and extent of the resources available and the structures in place, to such questions as whether it is even possible to develop treatment centres, or whether alternative responses and structures should be developed.

60. The foregoing does not imply that it is impossible reliably to estimate the number of illegal drug abusers in each country, as long as the same indicators are used, but rather that the various estimates must be assessed for each country in the light of both enforcement and treatment policy.

61. More traditional epidemiological approaches to data collection involving random selection of a sample from the population are time-consuming, very costly and probably do not yield reliable results. Unreliable results are particularly likely where the penalties for illegal drug abuse are severe, and where there is a very negative image of the drug abuser, so that there is every incentive to conceal the behaviour. Additionally, when the incidence of the behaviour is very low, more than 100 people might have to be interviewed in order to find just one abuser.

62. The setting is also of particular importance and, in the case of household surveys, often a hindrance because of the possible presence of other family members when the respondent is being interviewed. Additionally, in many countries, those with the greatest drug abuse problem may not even be living in traditional households - they may be living "rough", or in places where they do not appear in any official records. Many surveys use the measure of lifetime prevalence, but this is of no use for developing services. In fact, when services and interventions have to be designed, they should be targeted on the specific groups of people in need who are likely to be part of a "hidden population". Clearly, conventional epidemiological studies cannot be used for needs assessment of these hidden groups. Finally, in order to take a sample, a sample frame is needed, that is, a full and complete listing of the population to be sampled. Since in many countries such a listing does not exist, there is no way to draw a sample in the first place.

63. Therefore, because of the difficulties in data collection and the different sociocultural settings, it is often misleading to attempt to compare situations in different countries, even when the same bases are apparently being used. When different bases for the estimates are used, such as police figures or treatment figures, then cross-cultural comparisons are not worthwhile.*

64. A few countries try to estimate the extent of serious drug abuse by using a multiplier of the number of deaths recorded as the result of drug abuse. However, these are perhaps the least reliable of all the figures available for estimating the actual number of drug abusers. In fact, leaving the question of the human immunodeficiency virus (HIV) aside, the number of deaths directly due to drug abuse is particularly small when compared with those from alcohol and tobacco use, and also compared with most of the world's other endemic diseases, such as malaria.

65. When the frequency of an event, such as death, is low, then estimates based upon such an event are liable to have a very wide margin of error. Therefore, unless a country systematically carries out post-mortem examinations on all those who die suddenly, and routinely tests for the presence of specific drugs and are able to definitively establish the cause of death, then the figure for drug-related deaths remains a poor indicator of the extent of drug abuse in a country. It may, nevertheless, be one indicator of the cost of drug abuse to that country.

IV. DEMAND REDUCTION ACTIVITIES

A. Education

66. Education is one, if not the fundamental, means of preventing drug abuse. In its widest context, it can be said to encompass not only school-, college- and university-based programmes, but those for out-of-school children and young people. The main aim of education in general is to systematically develop the intellectual and moral faculties. Within that framework, demand reduction programmes seek to shape attitudes, values and beliefs in order to influence actual behaviour.

67. The most widespread use of education is nowadays through in-school drug education programmes. The most effective programmes have been found to be those which are long-term, comprehensive and embedded in extensive programmes, such as science, biology, sociology or healthy lifestyle programmes. Specially designed curricula have been developed in some countries for children as young as eight, going through to 18 and beyond where education begins to merge with training. Short interventions, lasting in total only a few hours are not as effective as those which continually reinforce the messages against illicit drugs and the misuse of legally obtained drugs. Introducing positive images and courses of action are also more effective than just negative messages. People need to know what to positively do in order to be healthy, not just what not to do.

*The problems associated with indirect methods are that they are all heavily reliant upon the activities of those generating the statistics. For example, if two countries both estimated the extent of their drug problem for cannabis on the basis of police arrest figures, but one country had a policy of bringing a charge for every person found with even the smallest amount of cannabis in their possession, while the other had a policy or law that only led to the arrest and prosecution of those in possession of an amount which was deemed to be for dealing or trafficking, then the same situation in each country could yield vastly different estimates, whereas apparently the same estimates would reflect very different situations in reality.

68. While the principles and approaches of the school-based programmes can be generalized, it is vitally important that any programme be adapted to the specific needs, conditions and social setting of the pupils.

69. Many countries, however, are not able, through lack of financial resources, to provide secondary education for most of their young people beyond the ages of 10 or 11, and even where it is possible, there is often either a low take-up rate or high drop-out rate. The United Nations Development Programme, in its Human Development Report 1994,⁶ indicates that of the 45 least developed countries, the average literacy rate is 46 per cent, and the mean number of years of schooling is 1.6. For all developing countries, the figures are 69 and 3.9, respectively. This compares with a mean of 10 years of schooling in developed countries.

70. Where there is a high drop-out rate from school, or even no effective school provision, then different methods need to be employed to reach the population concerned.

71. Alternative means therefore have to be found to reach out to those who are most vulnerable, and this may be done through particular organizations, such as the churches, youth groups and many non-governmental organizations, particularly those working directly in the community, as well as the primary health care system.

72. Treatment and rehabilitation services themselves provide important means of educating the abusers, as well as helping them to become drug-free. However, perhaps the target group for most education programmes are young people in school. Special curricula have been developed in most countries, incorporating a drug prevention element within a wider healthy lifestyles programme. Specific anti-illicit-drug programmes and campaigns have not been found effective as isolated activities, but need to be embedded in a wider perspective on drug use and abuse.

B. General public information campaigns and the use of the mass media

73. General public information campaigns are very widely used, and can serve to raise public awareness about the existence of a problem; can indicate where people can obtain information, help and advice; and can educate the public as to the necessity of establishing services for drug abusers. They have little effectiveness in terms of achieving behavioural change.

74. Although the public information approach is one which is widely used, unfortunately there is very little evidence to support its usefulness in terms of changing drug abuse behaviour, the area to which they are so often directed. Frequently, the campaigns have not been carefully targeted. There is, regrettably, some evidence that the mass campaigns have been counter-productive. That has been the case particularly where messages have been based upon fear. There is a large body of evidence in relation to prevention campaigns against tobacco to support this: people either do not relate the adverse consequences to themselves in the short term, or their own experience invalidates the credibility of both the message and the messenger. Early campaigns linking the smoking of cannabis with the inevitable injection of heroin called into question not only that particular message, but all future messages from the same source. The message must therefore be truthful and from a credible source, and be seen by the target audience as relating directly to it.

75. However, general public information campaigns can be used to raise awareness concerning not only the dangers of drug abuse, but also the dangers of specific practices, such as injecting drugs and sharing syringes. Campaigns may be also directed at the general public both for information purposes and in order to facilitate the acceptance of treatment or other programmes for drug abusers. It may be

necessary to persuade the general public of the efficacy of using treatment and care as well as punishment, when dealing with drug abusers.

76. The role of the media and other communication channels in demand reduction must be as part of an overall national and regional demand reduction strategy in order to have an effect, and must likewise be based on the existing media structures and linkages. The media-based strategy should be just one part of the drug prevention strategy, which also should include drug prevention in the schools, the community and among the careers of young people. The communications goals must be very clearly defined by targeting the desired audience with a specific message. The timing of the message should be considered very carefully in order to allow the message to be reinforced from other sides as well.

77. It has been found that the content of a message has to be accurate, and that the message also has to be relevant to the audience. That is why it is so important to adapt and tailor each message to each particular audience, and why in countries with very diverse cultures, even national campaigns are not effective across the whole population. The participatory approach in the preparation, design, production or performance and distribution of the message is very useful. For instance, students could be involved in the design of information material directed to their peers, or street children could take part in the production of prevention materials.

78. In order to have an influence, there is a need to present being drug-free as a positive and attractive state. The benefits of not taking illicit drugs should be emphasized as much as the harmful consequences. This approach means that prevention becomes an enhancing activity, rather than a negative one of stopping someone from doing something. There is still, though, a need to undermine the link between the harmful behaviour of drug abuse and the individual's positive self-image. This can be characterized as a second-stage activity, when someone has already begun to abuse drugs, and has the objective of stopping that behaviour. For the drug abuser, the drugs represent something positive, and their abuse is often a direct fulfilment of immediate needs, such as relieving pain, alleviating deep unhappiness, gaining courage or being distracted from hunger.

79. So if, in a media campaign, the substance is defined as evil or poisonous, anti-social, self-destructive or even just illegal, the end result might be to alienate the target audience. Fear tactics do not work as a strategy alone, not even as part of prevention efforts. It has been clearly established in western countries, for example, that teenagers are more likely to quit smoking because it causes bad breath or because they already have suffered unpleasant effects of smoking, rather than because they are told that smoking can cause cancer.

80. One way to use mass media and other communication channels such as dancing, theatre or music, is to identify the perception of acceptable risk. The fear of an unpleasant drug experience or of punishment is often overcome by the desire for medication, pleasure, courage or peer respect. The acceptance and tolerance of a high level of risk can, under various circumstances, be developed. In order to design a media and communication strategy in the field of demand reduction, it is very important to analyse and understand why drug abusers accept the high risks associated with their substance abuse problem. Thereafter, the potential consequences of taking the high risks can be discussed, followed by emphasizing the rewards gained from lower-risk alternative choices.

C. Services for drug abusers

81. There are many forms of services for drug abusers which may be integrated into a broad programme or independent areas of activity. If there is integration between all the variety of activities, then drug abusers are more likely to progress through the programme or smoothly from one programme

to another, and successfully become, and remain, drug-free. Counselling drug abusers, treating them and seeking to rehabilitate them and to reintegrate them into the community may, for analytical purposes, be separated, but in reality there is often an overlap between several or all of these activities.

1. Advice and counselling

82. Advice and counselling services are often distinguished from treatment services because they do not prescribe medicines, but many treatment regimes are frequently based as much on counselling and drug-free therapy as on the provision of medical care. Advice and counselling services often have a very wide clientele, providing basic information about drugs and their effects to the general public, acting as a referral agency and providing counselling for drug abusers and for their families, either together or separately. Since parents may not know where to seek help for their child's suspected drug abuse, easily accessible advisory services can provide the tools for intervening at an early stage in the care of a drug abuser.

83. In order for such services to be successful in reaching those in need, they must be accessible, confidential and often anonymous as well. Since drug abuse is an illegal activity, people will not seek help if they are going to be punished.

84. Under the rubric of advice and counselling would also come those services which provide syringes and needles, for they also provide advice and counselling, not only to stop the spread of HIV, but also to try to persuade the abuser to seek some form of treatment. This activity might not be the most obvious feature of the services, because intravenous abusers with a strong dependency problem are often the least likely to seek advice and counselling for their problem, often being distrustful of authority. The services therefore do not seek to emphasize the counselling role when promoting their activities, but nevertheless it is a very important component that only becomes evident as the service seeker becomes more confident in the service provider and in the confidentiality of the service.

2. Treatment

85. There exists a wide variety of programmes for the treatment of drug abusers. No particular programme has been found effective for all drug abusers even within one culture, and the transfer of one treatment regime from one culture to another is not always successful or constructive. A wide variety of treatment regimes and modalities, some different from and outside conventional western medical practice, are needed. Within a single country and culture, a variety of approaches may be necessary in order to reach drug abusers at different stages in their drug careers.

86. The "best" treatment is always that which will encourage drug abusers to come forward and seek help. Treatment should therefore be interpreted in a very wide context, and may be better characterized as services for drug abusers, of which medically oriented treatment is but one part. The range of services to help drug abusers towards abstinence may include vedic medicine, acupuncture, therapeutic communities, maintenance, substitution drugs and various forms of counselling, or any combination thereof.

87. It also follows that the means of delivering the services must also be adaptable, and adapted to the culture of the region.

88. One major problem associated with any service for drug abusers is that expectations by the service providers are often too high. Reviews of the "success" of treatment regimes indicate that, in Europe and North America, there is an 80 per cent relapse rate within three months of completing a treatment

programme. Drug dependency has been characterized as a chronic relapsing condition. Many patients may therefore be detoxified several times before they are able to remain drug-free. Others might be given substitute drugs until they can be detoxified and their potential risk to society managed.

89. The problems associated with defining success in treatment settings is more fully discussed in section II of the present report.

3. Rehabilitation

90. Rehabilitation is the path towards social reintegration of former illicit drug abusers. This phase has a dual focus. One focus is on the individual's recovery from the lifestyle associated with drug abuse; the other is on providing the ex-abuser with marketable employment skills through such activities as literacy classes or other training programmes.

91. The development of personal insights, such as a person's gender role assigned within a particular sociocultural context society and the fostering of coping skills, is often the most challenging task in the rehabilitation of adult drug abusers. For that reason it has often been made secondary to the teaching of practical skills, or may even be absent in many rehabilitation programmes. This area requires special attention and emphasis as a means of tertiary prevention from relapse.

92. Separate rehabilitation programmes are often not available. The concept of rehabilitation is frequently included in that of treatment, but in fact few treatment programmes are able to provide this service as well. Rehabilitation, however, involves the idea of some form of training for the reintegration of the former illicit drug abuser into society. A fundamental problem, such as poor literacy, might need to be addressed, as well as skills training programmes, which might include personal, social and occupational skills.

4. Social reintegration

93. The ultimate aim in the treatment and rehabilitation of former illicit drug abusers is their eventual reintegration into society. The reintegration of the ex-abuser in the community might require programmes that involve the family of the ex-abuser as well as the community, in order for them to accept the reintegration of the abuser. Intensive counselling as well as wider public education is often necessary, especially in the case of HIV-positive abusers. If this is not done, the ex-abuser becomes marginalized, and is much more likely to relapse.

94. The key to successful social reintegration requires efforts at all levels of the society, in the family, community, workplace and schools (both formal and non-formal educational settings), supported by policy and legislation. The pivotal long-term benefit to society from the prevention of relapse among those who have been treated and rehabilitated depends on the political will and the systematic formulation, implementation and enforcement of policies that assist former illicit drug abusers to become part of the larger society.

95. The range of actions include policy formulation, workplace management support, reinstatement of health insurance, job orientation, family support, school and public education to destigmatize drug abusers and remove the burden of labels or records that are additional barriers to their future.

96. Such a comprehensive approach by a country in promoting social reintegration also serves to enhance prevention messages. Consequently, rehabilitation and social reintegration form part of the spectrum of prevention in drug abuse, and are not ends in themselves.

V. METHODOLOGIES

97. There are various means of delivering programmes through different organizational settings. International organizations as well as government organizations and institutions have an important role to play, but in recent years non-governmental organizations have been expanding their activities, and their role has increased both in the volume of work done and in the importance of what they are doing. It is important to identify the organizations and structures already existing in the community, and to adapt and utilize them, if possible, before trying to set up new institutions. It is also important to identify other resources that could be used to develop programmes, including training schools, universities, the private-sector business community, local authority structures or government organizations.

A. Training

98. A fundamental long-term prerequisite of demand reduction programmes is trained personnel. Training cannot be achieved through, for example, a two-week course, but needs long-term investment with progressive updating and strengthening. The skills needed to implement programmes might be of a general managerial nature, but a failure to understand the nature of the problem and the various responses to it may frustrate the objectives of the programme. Training is needed for all those delivering a service for the drug abuser, whether on a formal or informal basis, and that training needs to be appropriate for the type of service and skills needed. Training in some form therefore needs to be provided, not only for the professionals involved with drug abusers or potential abusers, but for all those who are working in the field. In many countries, voluntary workers of necessity are the main providers of help and support for the abuser, and should not be overlooked in designing training programmes.

99. Possible candidates for training include doctors, nurses, social workers, teachers, outreach workers, community leaders, religious leaders and parent groups, according to the circumstances. The people to be trained, however, must be carefully selected, not only for their competence and the appropriateness and relevance of the work they are doing, but also according to the likelihood of them staying in the field. There can be no guarantee of people staying in the field, but every effort should be made to try to ensure this, in order for the benefits of training to be felt.

B. Contacting drug abusers

100. In order to deliver any services to drug abusers, the services and the drug abusers need to come together, that is, the drug abusers need to seek out services, or the services need to seek out the drug abusers. How that is achieved is very important, because resources can be wasted or services underused if attention is not given to the modalities of service delivery. For example, a very expensive treatment clinic might be provided, but the potential clientele could either not know about it, or not have the transport or resources to reach it.

1. Fixed-point services

101. In order to deliver any type of service to drug abusers, they have to make contact. While on the one hand, this is obvious, on the other, it does not always receive the attention it should. What services exist? Who can make use of them and under what conditions? How do parents know where they can find help? How can a drug abuser find advice or treatment? Is payment required, and if so how much? There are many ways of disseminating information, particularly through the mass media. However,

attention always needs to be given not only to providing the appropriate services, but also to making sure that there is adequate access to them and information about them.

2. Outreach

102. Because of the illegal nature of drug abuse, the most effective way to engage drug abusers in discussions about their problem may often be by going to them, rather than expecting them to come to services which are provided. However, for the outreach worker, as well as for the client, such a strategy produces the best results if the person concerned has regular contact with a core service. Thus, a health worker visiting remote areas might incorporate drug education and treatment as part of his or her activities, and a detached social worker in a deprived inner-city area might work with a similar remit. Their work involves working with the community, and provides a means of reaching out to those in need, rather than relying on them coming forward for help.

C. Social mobilization and community participation

1. Community participation

103. Community participation in relation to drug abuse means that the community should be identified and mobilized, often as the key link between education, advisory services, treatment services and reintegration programmes. However, that can only be done if the community feels that it has some control over decision-making that directly affects it, which means that it must be empowered. It must be recognized that in some areas where drug abuse is rife and almost endemic, in effect, no community exists. The situation is exacerbated when there is a high rate of migration. One of the reasons why drug abuse occurs in the first place may be the virtual absence of social controls which are typically exerted within communities. One important task is therefore to try to rebuild communities, but that would involve a far wider programme of activity in cooperation with other agencies whose concern focuses on issues of urban deprivation and decay. Just as alternative development programmes go beyond the simple provision of substitute crops, so urban drug programmes need to go beyond narrow education or treatment programmes to address some of the fundamental issues underlying drug abuse.

104. Where there are community structures, it is very important to engage the whole community in efforts to combat drug abuse. Whether the community be a rural hill tribe or in an urban metropolitan area, the principles of community participation remain the same, but the mechanisms by which it is achieved may be greatly different. One of the first principles is that the community leaders should be identified and engaged in a dialogue about the nature of the problem and possible ways in which it can be addressed. It is evident that this can only be done with a knowledge of the local social structure and culture.

105. A well-designed programme that has proved effective in one area may not work in another, but the most important principle for an effective community programme is that the community should view it as its own. If programmes are seen as being imposed from outside, then their implementation will only be partial or ineffective. The investment needed to get communities to mobilize themselves to fight drug abuse is overwhelmingly that of time and human resources and not capital equipment. The provision of sports equipment for young people to make better use of their leisure time can be very minimal, such as the provision of football and training shoes, or a basketball and hoops. It can be very capital-intensive if sports halls are built, but if the equipment is for sports in which there is little interest, then the investment is wasted. Programmes should therefore respond to a community's perceived needs as defined by the community itself. This is not to suggest that new ideas should not or could not be

introduced, but that they cannot be effective, in most communities, if they are seen as being imposed from elsewhere.

2. Involvement of non-governmental organizations

106. Many non-governmental organizations operate at the grassroots level in the community, and are therefore specifically aware of the needs and resources of a community. For this reason, they are very often the most appropriate organizations to use when introducing services for drug abusers. Although non-governmental organizations can cover only a part of the population in need, their importance lies in their ability to identify, at an early stage, the emerging needs of a community, and to fashion new approaches to new challenges. Their strengths, in terms of innovation and flexibility, allow new programmes to be developed which can later be taken up and incorporated into a national policy.

107. One of the problems often facing non-governmental organizations is the high turnover of staff and staff burn-out. In that context, a progressive recognition of the professional skills of the staff of the organization is necessary, and investment in staff training is a key factor in the success and endurance of the organization. Such training can often only be provided by State agencies, and provides the basis for further cooperation between the Government and non-governmental organizations.

108. It is equally important for international organizations to recognize the role and work of non-governmental organizations, and to foster and strengthen links with them in order to ensure that broad perspectives will be translated into practical realities.

3. Local authorities

109. The demand for drugs is generally more frequent in large urban areas. Many factors are responsible for drug abuse at the international and national level, but the local social and economic environment plays a crucial role in the processes leading to drug abuse. The involvement of local authorities is fundamental in the design and implementation of preventive programmes. The municipality in many countries is the one government body that is able effectively to coordinate the input of several government agencies at local level. Thus, mayors and city planners are important actors in the prevention of drug abuse.

110. Many countries are devolving responsibility for provision of services, including services for drug abusers, from central to local government. The role of both local officials and community members is therefore becoming increasingly important.

111. There are obviously problems to overcome. For example, not all countries have a degree of decentralization that permits the implementation of drug abuse prevention activities at municipal level. However, many drug control organs or councils are moving towards the creation of municipal drug control councils to improve the impact of the national strategies. On the other hand, in the absence of central direction, local activities can be tailored to the needs of a particular community. Local authorities have an important mediating function between the State and the community, because they can adapt general principles to local needs, and establish the right mix of demand reduction activities for a particular community.

112. Thus, placing drug abuse prevention on municipal council agendas is fundamental for success in the fight against illicit drugs.

4. Private sector

113. The mobilization of the private sector is a powerful means of combating drug abuse in the workplace and the community. The private sector is an important link between business and the community, and should be concerned not only with its own workforce, but also with the families of the workers and the broader community in which it lives.

114. The private sector can reach the community by developing, together with trade unions, workplace programmes to prevent drug abuse as well as to provide services for people with abuse problems. Such programmes may then be extended to cover the family, and eventually expand into the community. The private sector can also help the community in its efforts to prevent drug abuse through financial assistance or in kind, by providing people with skills that are needed to run non-governmental organizations, for example.

115. In most countries, the business community is made up of many small businesses; indeed, taken together as a sector, they may well always employ the majority of the private-sector workforce. Therefore, a major difficulty in providing programmes for a workforce is that small businesses lack the financial resources to establish an employee assistance programme. They often also face problems in finding appropriate treatment and rehabilitation programmes. One solution to this problem would be to utilize existing networks such as chambers of commerce and trade union organizations in order to provide systematic assistance to small businesses.

5. Mass media

116. The success of demand reduction efforts in general very much depends on the extent to which the nature of the drug problem has been understood, and this applies equally to those in the mass media. People working in the media as well as those using it therefore need to have a firm grasp of the nature of the problem. In order to write and comment about the drug abuse issue people need to be informed, and to be in the possession of accurate information. Thus distortion and the dissemination of inaccurate messages would then be avoided.

D. Government action

117. The government role is a pivotal one in orchestrating the various actions and activities of a wide variety of sectors into a comprehensive whole. It has the key role because it is the only entity with an overview of all activity in the field. Governments are also an important conduit through which partnerships can be established and knowledge exchanged, so that those providing programmes and services are aware of the activities of others and can foster complementarity.

118. One of the main means of achieving such results in many countries has been through the establishment of committees or agencies involving the participation of all sectors and agencies working in the field. Therefore, not only will several government departments be represented, but also non-governmental organizations and other relevant organizations. Joint planning and programming can thus be achieved, not only at national level, but down to local levels as well, if central policy committees are decentralized. In this way, it is possible for planning and information to flow not only from the top downward, but from the grassroots level upward.

VI. INSTITUTIONAL LINKAGES

119. It is very important, if demand reduction programmes are to be integrated across the whole range of demand reduction activities, as well as integrated with other types of programmes, such as urban renewal or poverty programmes, that institutional linkages be developed. Formal institutional linkages are necessary in order to ensure continuity of cooperation between programmes, because a reliance upon individual goodwill cannot alone sustain programme cooperation when there is a large staff turnover.

120. Institutional linkages can be established by the twinning of two or more public or semi-public institutions within countries for specific tasks, with the aim of exchanging and developing the total capacity for action within a particular area of expertise, such as drug demand reduction. Additionally, linkages can be established between institutions in different countries with a view to transferring knowledge and technology. The type and form of assistance is likely to vary according to the needs of the individual recipient countries, but training in various aspects of designing and implementing various demand reduction programmes is often paramount. The overall concept of developing institutional linkages is to support the development of professional and technical capacity within the field of demand reduction in the member States. By such means, cooperation between, and the sustainability of, demand reduction programmes is ensured.

121. Finally, institutional linkages must be made between international institutions and national organizations and between international organizations themselves. With different organizations having differing mandates, outlooks and perceptions, it is important to facilitate the accommodation of different perspectives. The problem of drug abuse is too great, and the field of demand reduction too large, for it ever to be encompassed entirely by one single organization. Nevertheless, it is important to work towards a convergence of mandates in order to meld the efforts of the different organizations into a seamless whole.

VII. GUIDANCE REQUESTED FROM THE COMMISSION ON NARCOTIC DRUGS

122. Following its detailed discussion under agenda item 4 (a), the Commission might wish to instruct UNDCP on a need to bring up to date the Resource Book on Measures to Reduce Illicit Demand for Drugs,⁷ and to include the principles enunciated above. At its twenty-seventh session in February 1977, the Commission recognized the need for assessing current knowledge on the prevention of drug abuse and related issues, and requested that such information be presented in the form of a guide that might assist national authorities in dealing with drug abuse and its associated problems. The Commission might consider whether it is timely to renew that request to UNDCP.

123. The Commission may wish to instruct UNDCP regarding the use of the term "harm reduction". At present, it is used to indicate programmes that come under the rubric of tertiary prevention, and is in no way congruent with the concepts of legalization or decriminalization.

124. The Commission may also wish to instruct UNDCP on how to address issues relating to the inclusion of substances not under international control, such as volatile solvents, alcohol and tobacco, both at a conceptual level and at a practical level in the field, in its documentation and projects. Does the Commission support the current approach of including those substances as part of broad education programmes and as a way to approach the abuse of illicit substances in the workplace? If so, then it might wish to consider programmes that address the problem of the abuse of volatile solvents, because such abuse is typically a children's problem, and is commonly an antecedent to the abuse of controlled substances.

Notes

¹United Nations, Treaty Series, vol. 520, No. 7515.

²Ibid., vol. 976, No. 14152.

³Ibid., vol. 1019, No. 14956.

⁴E/CONF.82/15 and Corr.2.

⁵See Report of the International Conference on Drug Abuse and Illicit Trafficking, Vienna, 17-26 June 1987 (United Nations publication, Sales No. E.87.I.18), chap. I, sect. A.

⁶Human Development Report 1994 (New York, Oxford University Press, 1994), p. 139.

⁷NAR/INF/1982/5.